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PINR, AMGT, TF, MY
SUBJECT: MALAYSIA H1N1 UPDATE - July 9, 2009

1. (SBU) SUMMARY: Influenza A (H1N1) cases continue to grow in Malaysia with over 300 new cases in the last week. Most cases continue to be imported but about one-third involve local transmission. The Ministry of Health (MOH) reported the first case of second-generation local transmission on July 5. The MOH is gradually transitioning from containment to mitigation and its current measures involve aspects of both approaches. MOH expects to move toward more mitigation activities as local transmission increases compared to imported cases. While Malaysia's transition from containment to mitigation has created some unclear messages and observed inconsistent implementation, the local WHO representative is satisfied that Malaysia's overall approach is appropriate and generally effective. END SUMMARY.

Growing Case Load

2. (U) MOH has confirmed a total of 513 cases of H1N1 with 317 new cases occurring in the last week. Most cases continue to be individuals who were infected abroad and then traveled to Malaysia. However, there are a growing number of local transmissions. MOH also reported the first instance of second-generation local transmission on July 5. All cases continue to show improvement with Tamiflu treatment and there have been no deaths. In fact, 430 of the 513 confirmed cases have already fully recovered and been released from quarantine.

Containment Transitioning to Mitigation

3. (SBU) MOH has been pursuing a strict containment strategy with regard to H1N1. Border screening including thermal scanning was required for all travelers entering Malaysia. Immediate in-hospital quarantine for one week was mandatory for all H1N1 positive individuals. Close contacts of infected individuals also faced a week-long quarantine period; however, this could take place at home. With the increased caseload and limited lethality of H1N1, MOH has shown signs of relaxing this containment policy and moving more

toward a mitigation approach. However, health minister Liow Tiong Lai has stated that MOH will only adopt a complete mitigation strategy "when there is sustained local transmission and the sources of the flu cannot be traced." The inter-ministerial pandemic response committee met on July 8 to discuss the next steps for moving away from containment but a formal policy change is still forthcoming.

Surveillance

14. (SBU) As part of the gradual shift toward a mitigation approach, screening, testing, and quarantining protocols have been adjusted. MOH border surveillance will continue for the time being, including a mandatory health declaration card and thermal scanning. MOH policy instructs that all passengers, local and foreign, submit to this screening. As an example of the shift away from strict containment, Dr. Devan Kurup, MOH Principal Assistant Director for Infectious Disease Surveillance, informed ESTHoff that only foreigners are being screened at the Singapore land crossing due to logistical considerations. However, ConGen observed on July 5 at the Singapore-Malaysia land crossing that only those individuals who obviously appeared to be Western were put through any H1N1 screening.

Testing

15. (SBU) MOH policy dictates testing of symptomatic individuals at MOH hospitals and ports of entry to be done by a throat swab.

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Individuals with relevant health complications and risk factors (including pregnant women, those with respiratory illness, obese individuals, and children) and passengers who have traveled to the United States, Melbourne, or Manila will have their samples sent to the Institute of Medical Research (IMR) with results available within a few hours. They are also given two days of antivirals and released to home quarantine until the test result is returned. For most other individuals, the sample is sent to the National Public Health Laboratory with results available approximately 24 hours later. These individuals are released to home without antivirals and asked to call MOH to obtain the results of the test.

Quarantine

16. (SBU) Confirmed positive cases are still required to be brought to a MOH hospital for quarantine and treatment. Individuals may now be released from quarantine if they have had no further complications, had at least three days of antiviral treatment, and no fever in the last 24 hours. This has resulted in most patients being released from quarantine in three or four days, down from the previously mandated seven day quarantine period. Children are required to quarantine for a minimum of five treatment days. However, MOH continues to publicly state that the quarantine period is seven days and Post has observed inconsistencies in the implementation of MOH's policy.

17. (SBU) While most patients are now released prior to the seven day quarantine period, one AmCit family experienced a longer period. A young AmCit girl was confirmed positive for H1N1 on July 4 after reporting to MOH with symptoms on July 2. The girl and both parents were placed under quarantine on July 4 and remained in quarantine until July 8 with no complications or further symptoms, thus fulfilling four days of treatment. However, MOH ordered the family to complete three more days of quarantine in their hotel, which was inconsistent with MOH protocol. ESTHoff and ConOff were able to intercede with MOH to obtain the release of the family on July 9.

Close Contacts

¶8. (SBU) MOH is still attempting to trace all close contacts of confirmed cases but has reduced the amount of resources spent on this tactic. "Close contacts" has now been defined as those who live in the same house or those who have sustained close contact of less than three feet for more than four hours. These individuals will be given prophylaxis antiviral treatment assuming contact was within the last 48 hours.

¶9. (SBU) Close contacts are asked now to "self-quarantine" rather than "home-quarantine" as before. This distinction is to indicate that there will be no MOH enforcement of the quarantine. Previously, MOH had made several public statements reminding individuals that they must undergo the quarantine subject to the Prevention and Control of Infectious Diseases Act 1988. As another example of unclear messages from MOH, the mother of the abovementioned AmCit child who tested positive for H1N1 was asked on July 4 to quarantine in her hotel room. This mother reported to ConOff that, contrary to MOH's stated softer approach, she was told she faced two years imprisonment if she left her hotel room.

Policy and Implementation

¶10. (SBU) Dr. Harpal Singh of WHO's Malaysia office told ESTHoff on July 7 that WHO is generally pleased with Malaysia's policy approach, notwithstanding the abovementioned inconsistencies in policy implementation. He pointed to the relatively slow rate of local infection in Malaysia as a sign that the containment measures

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were actually working, mentioning neighboring Brunei as an example of containment measures that did not work. He also said that Malaysia's gradual movement toward mitigation was appropriate at this juncture.

KEITH